

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No. 10/557,287
Filing Date
Applicant(s)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND. DEP.		IND. DEP.		IND. DEP.			IND. DEP.		IND. DEP.		IND. DEP.		
	1	1	1	1	1	1		1	1	1	1	1	1	
1	1						51							
2		1					52							
3		1					53							
4		1					54							
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48							98							
49							99							
50							100							
TOTAL IND.	1	↓			↓		TOTAL IND.		↓		↓		↓	
TOTAL DEP.	9	←			←		TOTAL DEP.		←		←		←	
TOTAL CLAIMS	10	████████	████████	████████	████████	████████	TOTAL CLAIMS	████████	████████	████████	████████	████████	████████	